An Essay

on

Acute Hydrocephalus

Respectfully Submitted

To The Faculty of the

Homoeopathic Medical College

of Pennsylvania

by

Charles Frederic Saunders

of Rhode Island

Sept. 1st 1855.

Acute Hydrocephalus

The term Hydrocephalus is used to signify a disease, characterized by an effusion into the ventricles of the brain, consequent upon inflammation of a scrofulous character, occurring mostly in young children, and most frequently attended with fatal results.

This disease may be ushered in by premonitory symptoms, or may be developed without a very distinctly marked precursory stage.

Among the most prominent premonitory symptoms may be noticed the following. The child loses its accustomed healthy appearance and becomes pale and thin; evinces an indisposition to play and appears heavy and languid. It is peevish and irritable in disposition. Its gait is tottering and unsteady. An unusual

degree of wakefulness is observed, and during sleep it frequently starts, uttering a sharp long drawn cry. The bowels become torpid and the evacuations from them unnatural. The urine is often turbid and scanty.

This condition may continue for several days, until the inflammatory stage sets in, when the cerebral symptoms become more marked. The patient desires to lie down; the pain in the head increased, and the head is pressed backward into the pillow. Vomiting occurs when the child is raised up, but generally ceases as soon as the recumbent position is resumed. The eyes are sensitive to light, so that the pupils are much contracted. The face is waxy pale and wears a peculiar expression. A low muttering delirium is often present, accompanied with a chewing motion of the

lower jaw, or rolling of the tongue. The bowels are constipated and the abdomen retracted. The respiration is irregular, often sighing. Fever is rarely present but the pulse is accelerated.

The stage of Exudation sets in when the treatment in the foregoing stages has been inefficient, and in patients with enfeebled constitutions, whose reactive power are not sufficiently strong to prevent the advance of the disease. When Effusion takes place the child becomes indifferent and manifests a diminished sensibility. The light is no longer painful to the eyes, so that the pupils instead of being contracted as during the inflammatory stage, are now widely dilated. No suffering is manifested except on raising the patient, when it shows by its struggles a great desire to remain quietly at rest. The pulse is slow during this

stage unless the child be disturbed, it then increases, becoming slow again however when a quiet position is resumed. Frequently convulsions occur during this stage. — The last stage to which some writers give the name of Typoid fever, does not differ essentially from that of Effusion, and might be considered a continuation of that stage with an increase of the symptoms, and a manifestation of some febrile excitement. It is characterized however by complete insensibility. The pulse becomes accelerated; the eyeballs are distorted; spasms and convulsions occur. The stools and urine are passed involuntarily or may be entirely retained. The respiration is hurried and short; the vomiting abates or ceases entirely. The pulse at last becomes weaker and weaker, and the patient frequently expires during a convulsion.

The symptoms of this disease may vary considerably, and some of them are peculiar and characteristic. The delirium is rarely present in children under six or seven years of age, and is of a low muttering grade. Vomiting comes on early, is always attendant upon motion, and not accompanied with delirium. The headache is always increased by moving and in an upright position. The expression of the face is vacant, waxy pale and hollow, but there is no permanent distortion of the features. Convulsions occur more frequently the younger the child

Hydrocephalus may be mistaken by a casual observer for several diseases which bear a resemblance to it in some of their symptoms, as Gastric fever, Cholera Infantum, Worm fever &c, but from which we may easily distinguish it if we have in mind the characteristic symptoms of each.

After death the brain is found to be turgid and elastic. Small grayish yellow tubercles are often found scattered over its surface.

On cutting the medullary portion, minute red points are seen dispersed over it. An effusion of fluid is generally found to have taken place within the ventricles of the brain, and often beneath the arachnoid membrane, within the net work of the pia mater. The effused fluid is thin and watery, sometimes clear, at others turbid and flocculent. It varies in quantity, sometimes amounting to several ounces, while at others scarcely a trace of fluid can be found. The fatal terminations in these cases are probably owing to a softening of the parts which make up the walls of the ventricles, as this condition is found to exist.

The greatest predisposing cause to this disease is a scrofulous diathesis, and it is observed to occur more frequently

in children with largely developed heads, precocious intellect, and lively disposition.

This predisposition is moreover increased by premature application to study.

The exciting causes are blows on the head, undue exposure of the head to extremes of heat and cold, and also metastasis of various exanthematic diseases, as scarlatina, measles &c.

The course of this disease is usually rapid, sometimes terminating within 24 hours after effusion has taken place; but it may continue for a much longer time, and finally assume the chronic form. The prognosis of Acute Hydrocephalus is generally unfavorable, but we may often succeed in arresting it by Homoeopathic treatment before effusion takes place, and even after this event it is not always impossible to bring the disease to a happy termination.

The favorable symptoms are, the breaking out of a warm and gentle sweat over the body, quiet sleep, moist nose, soft undulating pulse &c. Among those to be considered as unfavorable, are coma, apathy, sighing, convulsions, sleep with half open eyes, and irregular pulse.

The remedies which have been found most Effective in arresting the disease in the first stages and preventing Effusion, are Aconite, Arnica, Belladonna, Bryonia, Pulsatilla, and Tincum.

When Effusion has already taken place, although we cannot as a general thing restore the patient, yet the more violent symptoms may be subdued in a great measure, by the use of Belladonna, Helleborus, Hyosciamus, Opium, and Tincum.